Fill out a separate Affidavit for each proposed guardian and/or conservator. (1) Person Filing: Street Address: City, State, Zip Code: Phone Number: Representing Self SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO (2) In the Matter of the Guardianship and/or (3) Case Number: GC Conservatorship of: Ward 1: _____ AFFIDAVIT OF PERSON TO BE Ward 2: APPOINTED GUARDIAN AND/OR Ward 3: _____ CONSERVATOR [] An Adult [] A Minor (4) Proposed guardian's and/or conservator's name: (5) My relationship to the proposed ward is: (6) I met the proposed ward as follows: Each "False" is explained in an Attachment. **(7)** True False 1. I have not been convicted of a felony in any jurisdiction. []I have not been anyone else's guardian or conservator within three years of filing 2. [] the Petition. I know and understand the powers and duties of a guardian and/or conservator. 3. I have not acted in a fiduciary capacity pursuant to a power of attorney within 4. [] three years of filing the Petition. I and any business in which I have an interested are not listed in the Arizona 5 []Attorney General's Elder Abuse Registry. If I have been a guardian or conservator before, I filed the required documents on 6. [] time or within three months of receiving a notice from the court that the report/accounting was due. I have never been removed by the court as a guardian or conservator. 7. [] I and any business in which I have an interest never received anything worth more 8. than \$100 in one year from anyone, or their estate, to whom I was not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact. 9. I and any business in which I have an interest are not named as a personal representative, trustee, beneficiary, or other type of beneficiary for anyone to whom I am not related by blood or marriage and for whom I have served as guardian, conservator, trustee, or attorney-in-fact.

10.	have no interest in any business that provides housing; health, nursing, or esidential care; assisted living; or home health or comfort care services.
(8) I have read this Affid knowledge.	vit, and Attachment if any, and it is true and complete to the best of my
	Petitioner's Signature:
State of Arizona	
County of)
Subscribed and sworr	pefore me this date: by:
Seal:	Notary Public: